

PROTECTIVE CAPACITY REFERENCE

Enhancing Protective Capacities in the Case Plan: What Behavior Must Change

Protective Capacity

"Protective capacity" means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.

Criteria for Determining Protective Capacities

- The characteristic prepares the person to be protective.
- The characteristic enables or empowers the person to be protective.
- The characteristic is necessary or fundamental to being protective.
- The characteristic must exist prior to being protective.
- The characteristic can be related to acting or being able to act on behalf of a child.

Behavioral Protective Capacities

<p><u>The parent has a history of protecting.</u></p>	<p>This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include:</p> <ul style="list-style-type: none">• People who've raised children (now older) with no evidence of maltreatment or exposure to danger.• People who've protected his or her children in demonstrative ways by separating them from danger, seeking assistance from others, or similar clear evidence.• Parents and other reliable people who can describe various events and experiences where protectiveness was evident.
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<p><u>The parent takes action.</u></p>	<p>This refers to a person who is action-oriented as a human being, not just a caregiver.</p> <ul style="list-style-type: none"> • People who perform when necessary. • People who proceed with a course of action. • People who take necessary steps. • People who are expedient and timely in doing things. • People who discharge their duties.
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<p><u>The parent demonstrates impulse control.</u></p>	<p>This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.</p> <ul style="list-style-type: none"> • People who do not act on their urges or desires. • People that do not behave as a result of outside stimulation. • People who avoid whimsical responses. • People who think before they act. • People who are playful.
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<p><u>The parent is physically able.</u></p>	<p>This refers to people who are sufficiently healthy, mobile and strong.</p> <ul style="list-style-type: none"> • People who can chase down children. • People who can lift children. • People who are able to restrain children. • People with physical abilities to effectively deal with dangers like fires or physical threats.
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<p><u>The parent has/demonstrates adequate skill to fulfill care giving responsibilities.</u></p>	<p>This refers to the possession and use of skills that are related to being protective.</p> <ul style="list-style-type: none"> • People who can feed, care for, supervise children according to their basic needs. • People who can handle, manage, oversee as related to protectiveness. • People who can cook, clean, maintain, guide, shelter as related to protectiveness.
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<p><u>The parent possesses adequate energy.</u></p>	<p>This refers to the personal sustenance necessary to be ready and on the job of being protective.</p> <ul style="list-style-type: none"> • People who are alert and focused. • People who can move, are on the move, ready to move, will move in a timely way. • People who are motivated and have the capacity to work and be active. • People express force and power in their action and activity. • People who are not lazy or lethargic. • People who are rested or able to overcome being tired.
<p><u>The parent sets aside her/his needs in favor of a child.</u></p>	<p>This refers to people who can delay gratifying their own needs, who accept their children’s needs as a priority over their own.</p> <ul style="list-style-type: none"> • People who do for themselves after they’ve done for their children. • People who sacrifice for their children. • People who can wait to be satisfied. • People who seek ways to satisfy their children’s needs as the priority.
<p><u>The parent is adaptive as a caregiver.</u></p>	<p>This refers to people who adjust and make the best of whatever caregiving situation occurs.</p> <ul style="list-style-type: none"> • People who are flexible and adjustable. • People who accept things and can move with them. • People who are creative about caregiving. • People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.
<p><u>The parent is assertive as a caregiver.</u></p>	<p>This refers to being positive and persistent.</p> <ul style="list-style-type: none"> • People who are firm and convicted. • People who are self-confident and self-assured. • People who are secure with themselves and their ways. • People who are poised and certain of themselves. • People who are forceful and forward.

<p><u>The parent uses resources necessary to meet the child's basic needs.</u></p>	<p>This refers to knowing what is needed, getting it and using it to keep a child safe.</p> <ul style="list-style-type: none"> • People who get people to help them and their children. • People who use community public and private organizations. • People who will call on police or access the courts to help them. • People who use basic services such as food and shelter.
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<p><u>The parent supports the child.</u></p>	<p>This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being.</p> <ul style="list-style-type: none"> • People who spend considerable time with a child filled with positive regard. • People who take action to assure that children are encouraged and reassured. • People who take an obvious stand on behalf of a child.
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Cognitive Protective Capacities

<p><u>The parent plans and articulates a plan to protect the child.</u></p>	<p>This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan.</p> <ul style="list-style-type: none"> • People who are realistic in their idea and arrangements about what is needed to protect a child. • People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child. • People who are aware and show a conscious focused process for thinking that results in an acceptable plan. • People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.
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<p><u>The parent is aligned with the child.</u></p>	<p>This refers to a mental state or an identity with a child.</p> <ul style="list-style-type: none"> • People who strongly think of themselves as closely related to or associated with a child. • People who think that they are highly connected to a child and therefore responsible for a child’s well-being and safety. • People who consider their relationship with a child as the highest priority.
<p><u>The parent has adequate knowledge to fulfill care giving responsibilities and tasks.</u></p>	<p>This refers to information and personal knowledge that is specific to care giving that is associated with protection.</p> <ul style="list-style-type: none"> • People who know enough about child development to keep kids safe. • People who have information related to what is needed to keep a child safe. • People who know how to provide basic care which assures that children are safe.
<p><u>The parent is reality oriented; perceives reality accurately.</u></p>	<p>This refers to mental awareness and accuracy about one’s surroundings, correct perceptions of what is happening, and the viability and appropriateness of responses to what is real and factual.</p> <ul style="list-style-type: none"> • People who describe life circumstances accurately. • People who recognize threatening situations and people. • People who do not deny reality or operate in unrealistic ways. • People who are alert to danger within persons and the environment. • People who are able to distinguish threats to child safety.

<p><u>The parent has accurate perceptions of the child.</u></p>	<p>This refers to seeing and understanding a child’s capabilities, needs and limitations correctly.</p> <ul style="list-style-type: none"> • People who know what children of certain age or with particular characteristics are capable of. • People who respect uniqueness in others. • People who see a child exactly as the child is and as others see the child. • People who recognize the child’s needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why. • People who see and value the capabilities of a child and are sensitive to difficulties a child experiences. • People who appreciate uniqueness and difference. • People who are accepting and understanding.
<p><u>The parent understands his/her protective role.</u></p>	<p>This refers to awareness...knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.</p> <ul style="list-style-type: none"> • People who possess an internal sense and appreciation for their protective role. • People who can explain what the “protective role” means and involves and why it is so important. • People who recognize the accountability and stakes associated with the role. • People who value and believe it is his/her primary responsibility to protect the child.
<p><u>The parent is self-aware as a caregiver.</u></p>	<p>This refers to sensitivity to one’s thinking and actions and their effects on others – on a child.</p> <ul style="list-style-type: none"> • People who understand the cause – effect relationship between their own actions and results for their children • People who are open to who they are, to what they do, and to the effects of what they do. • People who think about themselves and judge the quality of their thoughts, emotions and behavior. • People who see that the part of them that is a caregiver is unique and requires different things from them.

Emotional Protective Capacities

<p><u>The parent is able to meet own emotional needs.</u></p>	<p>This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.</p> <ul style="list-style-type: none"> • People who use personal and social means for feeling well and happy that are acceptable, sensible and practical. • People who employ mature, adult-like ways of satisfying their feelings and emotional needs. • People who understand and accept that their feelings and gratification of those feelings are separate from their child.
<p><u>The parent is emotionally able to intervene to protect the child.</u></p>	<p>This refers to mental health, emotional energy and emotional stability.</p> <ul style="list-style-type: none"> • People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately. • People who are not consumed with their own feelings and anxieties. • People who are mentally alert, in touch with reality. • People who are motivated as a caregiver and with respect to protectiveness.
<p><u>The parent is resilient as a caregiver.</u></p>	<p>This refers to responsiveness and being able and ready to act promptly.</p> <ul style="list-style-type: none"> • People who recover quickly from set backs or being upset. • People who spring into action. • People who can withstand. • People who are effective at coping as a caregiver.
<p><u>The parent is tolerant as a caregiver.</u></p>	<p>This refers to acceptance, allowing and understanding, and respect.</p> <ul style="list-style-type: none"> • People who can let things pass. • People who have a big picture attitude, who don't over react to mistakes and accidents. • People who value how others feel and what they think.

<p><u>The parent displays concern for the child and the child’s experience and is intent on emotionally protecting the child.</u></p>	<p>This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.</p> <ul style="list-style-type: none"> • People who show compassion through sheltering and soothing a child. • People who calm, pacify and appease a child. • People who physically take action or provide physical responses that reassure a child, that generate security.
<p><u>The parent and child have a strong bond, and the parent is clear that the number one priority is the well-being of the child.</u></p>	<p>This refers to a strong attachment that places a child’s interest above all else.</p> <ul style="list-style-type: none"> • People who act on behalf of a child because of the closeness and identity the person feels for the child. • People who order their lives according to what is best for their children because of the special connection and attachment that exists between them. • People whose closeness with a child exceeds other relationships. • People who are properly attached to a child.
<p><u>The parent expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings.</u></p>	<p>This refers to active affection, compassion, warmth and sympathy.</p> <ul style="list-style-type: none"> • People who fully relate to, can explain, and feel what a child feels, thinks and goes through. • People who relate to a child with expressed positive regard and feeling and physical touching. • People who are understanding of children and their life situation.

Case Transfer Information Sufficiency Checklist

Determine the sufficiency of information in the Initial assessment, Safety Assessment, Analysis and Plan, and supporting documentation.

- Does the documentation within the initial assessment sufficiently answer the 6 assessment questions?**
 - *Are there “gaps” in information?*
 - *Is there need for further clarification regarding documented information?*
 - *Are family and child functioning sufficiently understood?*
- Do you understand how safety threats are occurring in the family?**
 - *Does documentation in the initial assessment support the identification of safety threats?*
 - *Is it obvious how threats to child are operating in the family?*
 - *Are safety threats justified, clearly and precisely described in the safety assessment?*
 - *Is further information needed to understand the safety assessment decision?*
- Can the family adequately manage and control for the child’s safety without direct assistance from Child Welfare?**
 - *Does documentation support the decision that the family can sufficiently manage safety on its own?*
 - *Is there an adequate basis for determining that a non-maltreating parent has the capacity and willingness to protect?*
 - *Is further clarification indicated?*
- Can an in-home safety plan sufficiently manage safety threats?**
 - *Does the safety analysis documentation clearly support the decision to use an in-home safety plan?*
 - *Do identified safety actions match up with how safety threats are manifested?*
 - *Does the in-home safety plan provide a sufficient level of effort?*
 - *Is it clear who is responsible for providing what safety action?*
 - *Are there gaps in information that require immediate follow-up?*
 - *Is there a need for further clarification and supervisory consultation?*
- Does out-of-home placement appear to continue to be necessary?**
 - *Does the safety analysis documentation obviously support the decision to place out of the home?*
 - *Is there a need for further clarification regarding the decision to place?*
- Identification of Caregiver Protective Capacities**
 - *Does documentation identify specific strengths associated with the parents’ role?*
 - *Is there need for clarification regarding parental protective capacities?*
 - *Consider what possibilities may exist for discussing and using parental protective capacities during the PCA process.*

Planning for Conducting the PCA and Implications for Immediate Response

- If it is unclear how safety threats are manifested, seek supervisor consultation and clarification from the CPS worker.*
- If the safety response is unclear or not supported in the documentation, seek supervisor consultation and follow up with the CPS worker.*
- Consider whether there is a need to immediately contact safety service providers (in-home safety plan) prior to the PCA Introduction with the parents. Make immediate adjustments to safety plans as indicated.*
- Always consider if there is a need for immediate adjustments to safety plans prior to initiating the PCA Introduction with parents.*

- *If there are significant gaps in information related to safety threats and/or safety analysis and plans, attempts should be made to promptly make face-to-face contact with parents and children to verify that child safety is being sufficiently managed.*
- *If safety threats are not well understood and cannot be clarified by the CPS worker, seek to reconcile what information is unknown by the conclusion of the Introduction meeting(s), and make adjustments to the safety plan as indicated.*
- *Consider how the parents' reaction to Child Welfare might influence how you introduce yourself and the PCA.*
- *Prior to the Introduction meeting(s) with parents, make sure that you are clear about what you want to accomplish by the end of the meetings.*
- *Given variation in family dynamics, consider carefully how best to initiate the PCA process with parents.*

Caseworker's Role During the Protective Capacity Assessment

The caseworker-parent collaboration that occurs during Protective Capacity Assessment requires caseworkers to be versatile and competent when it comes to the “use of self” as a facilitator. The Protective Capacity Assessment is an activity that cannot be effectively completed in the absence of a caseworker actively facilitating the assessment process. The Protective Capacity Assessment is an ongoing Department intervention with families and, as such, it relies heavily on the caseworker's mentality, skills, techniques and direction.

Facilitation

Caseworker facilitation in the context of the Protective Capacity Assessment refers to the interpersonal, guiding, educating, problem solving, planning and brokering activities necessary to enable a family to proceed through the assessment process resulting in the development of a change strategy that can be formalized in a case plan.

A caseworker's primary objectives for facilitating the Protective Capacity Assessment include:

- Building a collaborative working relationship with family members,
- Engaging the parents in the assessment process,
- Simplifying the assessment process for the family,
- Focusing the assessment on what is essential to child protection and child safety in the family's home,
- Learning from the family what must change to sustain child safety in the child's home,
- Seeking areas of agreement regarding what must change to sustain child safety in the child's home,
- Stimulating ideas and solutions for addressing what must change, and
- Developing strategies for change that can be implemented in a case plan.

Facilitation in the Protective Capacity Assessment involves four roles and several related responsibilities. The four facilitative roles within the Protective Capacity Assessment are: guide, educator, evaluator and broker. (Adapted from *Techniques and Guidelines for Social Work Practice* 4th ed. - Sheafor, B.W., Horejsi, C.R. and Horejsi, G.A. 1997)

Guide

The role of the guide involves planning and directing efforts to navigate families through the assessment process by coordinating and regulating the approach to the intervention and focusing the interactions with families to assure that assessment objectives and decisions are reached.

- Engage family members in the assessment process and change.
- Establish a partnership with parents.
- Assure that parents are fully informed of the assessment process, objectives and decisions.
- Adequately prepare for each series of interviews; be clear about what needs to be accomplished by the conclusion of each of your series of interviews.
- Consider how best to structure the interviews in order to achieve facilitative objectives.
- Focus interviews on the specific facilitative objectives for each intervention stage.
- Redirect conversations as needed.
- Effectively manage the use of time both in terms of the individual series of interviews and also the assessment process at large.

Educator

The role of the educator involves empowering families by providing relevant information about their case or about “the system,” offering suggestions, identifying options and alternatives, clarifying perceptions

and providing feedback that might be used to raise self-awareness regarding what must change.

- Engage family members in the assessment process.
- Be open to answering questions regarding the Department's involvement, safety issues, practice requirements, expectations, court, etc.
- Support client self-determination and right to choose.
- Inform parents of options as well as potential consequences.
- Promote problem solving among parents.
- Provide feedback, observations and/or insights regarding family strengths, motivation, safety concerns and what must change.

Evaluator

The role of the evaluator involves learning and understanding family member motivations, strengths, capacities and needs and then discerning what is significant with respect to what must change to create a safe environment in the family's home.

- Engage family members in the assessment process.
- Explore a parent's perspective regarding strengths, capacities, needs and safety concerns.
- Consider how existing family/family member strengths might be utilized to enhance protective capacities.
- Focus on safety threats and diminished protective capacities as the highest priority for change.
- Clearly understand how impending danger is manifested in a family and determine the principal threat to child safety.
- Raise awareness and seek agreement with parents regarding protective capacities that must be enhanced that are essential to reducing impending danger.

- Seek to understand family member motivation; identify the stage(s) of change for parents related to what must change to address child safety.

Broker

The role of the broker involves identifying, linking, matching or accessing appropriate services for parents and children as needed related to what must change to create a safe environment.

- Engage the family in the case planning process.
- Promote problem solving among parents.
- Seek areas of agreement from parents regarding what must change.
- Consider parent motivation for change.
- Collaborate and build common ground regarding what needs to be worked on and how change might be achieved.
- Brainstorm solutions for addressing safety related issues.
- Have knowledge of services and resources and their availability.
- Provide options for service provision based on family member needs.
- Create change strategies with families and establish case plans that support the achievement of the change strategy.

The following are some basic principles for interacting with family members during the Protective Capacity Assessment:

- Interpersonal engagement is fundamental to facilitation.
- Fully informed parents make for better working partners.
- Be prepared to work with an involuntary client.
- Empathetic responses encourage client engagement and participation.
- Developing partnerships with families requires that ongoing Department intervention does not take a paternalistic.

- Feel comfortable enough with your authority to consider ways to increase a family's sense of power and autonomy, specifically in terms of parent options and choices.
- Acknowledge that resistance to change and motivation to maintain certain behavior (status quo) is common among everyone.
- Be open to considering the healthy intentions embedded in problematic behavior.
- Demonstrate acceptance for individuals; maintain objectivity.
- In a collaborative working partnership, there are responsibilities for both the Department and the family; be clear about the Department's role and reasonable about what the Department can be expected to achieve.
- Recognize that ultimately the responsibility for change rests with parents/the family.
- Avoid arguing, demanding or expecting compliance; these are not intervention strategies.
- You can bring a horse to water, but you cannot make it drink.
- Be clear about Department expectations and the limits to negotiating, compromising or dismissing.
- The Department mission is assuring child protection by confirming child safety can be sustained in the child's home.

Adapted from Prochaska and DiClemente's Stages of Change Model

Stage of Change	Characteristics	Techniques
Pre-contemplation	Not currently considering change: "Ignorance is bliss"	Validate lack of readiness Clarify: decision is theirs Encourage re-evaluation of current behavior Encourage self-exploration, not action Explain and personalize the risk
Contemplation	Ambivalent about change: "Sitting on the fence" Not considering change within the next month	Validate lack of readiness Clarify: decision is theirs Encourage evaluation of pros and cons of behavior change Identify and promote new, positive outcome expectations
Preparation	Some experience with change and are trying to change: "Testing the waters" Planning to act within 1 month	Identify and assist in problem solving re: obstacles Help the client identify social support Verify that the client has underlying skills for behavior change Encourage small initial steps
Action	Practicing new behavior for 3-6 months	Focus on restructuring cues and social support Bolster self-efficacy for dealing with obstacles Combat feelings of loss and reiterate long-term benefits
Maintenance	Continued commitment to sustaining new behavior Post-6 months to 5 years	Plan for follow-up support Reinforce internal rewards Discuss coping with relapse
Relapse	Resumption of old behaviors: "Fall from grace"	Evaluate trigger for relapse Reassess motivation and barriers Plan stronger coping strategies

Protective Capacity Assessment Decisions

The following decisions are reached by the conclusion of the initial PCA. The decisions must be regularly re-evaluated throughout the life of the case to guide case planning and implementation and to measure progress.

- Are safety threats being sufficiently managed in the least restrictive way possible?
- Can existing protective capacities (strengths) be built upon to make needed changes?
- What is the relationship between identified safety threats and currently diminished protective capacities?
- What is the parent's perspective or awareness regarding safety threats and their relationship to diminished parental protective capacities?
- What are parents ready, willing and able to work on in the case plan?
- What are the areas of disagreement between the parents and the Department regarding what needs to change?
- What change actions, services and activities will be used to assist in enhancing diminished parental protective capacities?

Facilitator Role and Qualifications

While the assigned caseworker has primary responsibility to be sure that participants are identified and prepared for the meeting, the facilitator often makes the many detailed contacts and arrangements that are necessary to accomplish these tasks. It is especially helpful for participants to have contact with the facilitator before the meeting and become more comfortable with the meeting process. Facilitators may be child welfare staff or contracted providers. The local child welfare office maintains a current list of approved and/or contract facilitators.

Facilitator Role:

- Coordinate with the caseworker to communicate the purpose of the meeting to participants, and describe how the meeting will proceed, including ground rules
- Conduct each meeting in a respectful manner that promotes and encourages the participation of each person attending
- During the meeting, guide participants to:
 - a) Share all concerns and recommendations for reducing, mitigating, eliminating or managing the safety threats and increasing the family's ability to protect the child. Some participants may need guidance to phrase these in a constructive manner, focusing on the needs of the children and parents. Using the language of "concerns" often reduces defensive attitudes and helps move the meeting towards positive action. Recommendations for change should describe what needs to exist to meet the children's needs. These often flow out of the concerns previously stated.
 - b) After all recommendations have been heard, then ask the group to focus on areas of agreement and recommend actions for the family and service providers.
- Document agreement on decisions and actions to be taken.
- Document areas where agreement was not achieved.
- Schedule subsequent meeting(s) when appropriate.

Facilitator Qualifications:

- Has completed Meeting Facilitator training.
- Experienced as a team member in Oregon Family Decision-making Meetings.
- Knowledgeable about child welfare laws, policies and procedures.
- Able to routinely screen for issues of family violence that may require separate meetings for each legal parent, or exclusion of a participant that may put others at risk.
- Skilled in basic engagement and meeting facilitation.
- Able to be objective; and decline to facilitate in any case where objectivity cannot be maintained.

Accommodations: The facilitator, in conjunction with the caseworker, and using local child welfare office protocols, arranges for:

- A translator when necessary

- An interpreter for hearing-impaired clients
- An advocate for a client with mental illness or developmental delays.
- Site access

Domestic Violence and Sexual Abuse Considerations

The caseworker must take into consideration the issue of domestic violence and sexual abuse when planning a meeting. Meetings are scheduled for the care and protection of children and are not primary ways of confronting batterers and child sexual offenders. A combination of group therapy and court intervention are often necessary to effectively stop these types of behaviors. However persons who demonstrate these behaviors are often also parents and should be consulted about their recommendations for the care of their children.

Family members may attend a scheduled meeting unless the caseworker determines that the family member may threaten or place other participants at risk. A family member who is violent, unpredictable or abusive or is an alleged perpetrator of sexual abuse, domestic violence, or severe physical assaults is an example of who may be excluded from a meeting.

While it is best if all parties participate as equals in a meeting, persons under threat of harm, due to domestic violence or other covert forms of abuse cannot equally participate in meetings without protection and support from other family members¹. It is also important that there are family members present who will hold abusers accountable.

It is not recommended that child sexual abuse victims attend meetings if a decision is made to include the offender in the meeting. Even reading a letter from the offender may be a disturbing experience. For further information refer to the issues to be resolved below.

- Ensure that the meeting facilitator and the caseworker have skills and strategies to recognize symptoms of domestic violence in families.
- Assess the level of risk both within the larger family system and for individual participants.
- Clarify the purpose of the meeting and emphasizing the highest priority of child safety.

The caseworker considers the following questions prior to recommending an exception to conducting a required meeting when domestic violence is a consideration.

- Can someone identify the pattern of power and control?
- Is sufficient information available to accurately assess risk?
- Is the family a closed system with possible major secrets?
- Who will hold the batterer accountable? Is legal leverage available?
- Who will support the child victim?
- Who will support the adult victim?
- Are there effective strategies for engaging and empowering the abused persons before and during the meeting?
- How will hidden intimidation be identified and managed?
- Should the batterer attend the meeting and fully participate? Should a separate meeting be held?
- Have strategies been developed for the abused person to prepare potential plans prior to a meeting, rather than have pressure to agree to plans made at a meeting that might compromise safety for the person or for the child?
- Can adequate safety measures be devised given the level of risk in the family?
- What are the potential effects of exclusion of an unrelated (no children in common) partner?
- What are the necessary safety plans and follow-up for after the meeting?

The caseworker excludes the alleged perpetrator when previous history or current assessment indicates a risk of violence by a parent or when contact is prohibited. Family members may be told not to attend the meeting. The caseworker can arrange for input through written information, consultation prior to the meeting, or by phone if appropriate.

¹ Note: Individuals with restraining orders or “No Contact” orders may not be included in Family Meetings if their participation would violate these orders.

Oregon Family Decision-Making Meeting
Suggested Agenda

The facilitator guides the Oregon Family Decision-Making Meeting

1. Introductions:

- The facilitator states the purpose of the meeting and confirms participant understanding of this purpose.
- The facilitator asks all participants to introduce themselves and describe their relationship to the child and family.
- The facilitator requests names of other persons not present who should receive a copy of the meeting notes.

2. Ground Rules:

- The facilitator provides ground rules for the meeting including, but not limited to:
 - **Respect for Privacy:** Request that information discussed in the meeting is not shared outside of the meeting. Participants should be advised that recommendations may be included in the Case Plan and included in reports to the Court.
 - **Time limits:** the meeting will usually last two hours.
 - **Respectfulness:** the facilitator assures that each participant has the opportunity to speak with the focus on determining the services and activities to establish a permanent placement, either at the home of a legal parent or an alternate permanent home.
 - **Agreement:** The goal of the meeting is to develop a partnership that addresses the child's safety and permanent care.
 - **Responsibility:** The Department is responsible for the final decisions on the safety of the child.

3. Identification of issues impacting child safety and parental protective capacity

- The caseworker is asked to explain why the meeting was scheduled, summarize safety threats, relevant parental protective capacities and related child welfare history.
- Other participants contribute their information about child safety concerns and parental capacity to protect the children.

4. Assessing Options

- Participants consider placement and service options; including both the permanency and concurrent permanency plan. Options should focus on what needs to happen to keep a child safe, and help the family increase their capacity to protect the child.
- The caseworker may add any additional actions or services the Department requires for child safety. If some recommendations are not chosen, the worker will let participants know the reasons for not choosing them. Participants may not always agree on placement or service decisions.

5. Making Decisions/Coming to Agreement

- Review the suggested options
- Participants may revise or add to the options
- The caseworker must approve or revise the options that impact child safety
- If consensus is achieved then the recommendations are finalized and documented in the meeting notes. If consensus cannot be achieved for one or more recommendations, the meeting notes will document this as well, however participants should be advised that these will not be included in the Case Plan.

6. Follow up and Documentation

- During the meeting the facilitator or scribe will record decisions on the local child welfare office Oregon Family Decision-Making Meeting form. Each participant is asked to sign the form acknowledging attendance and participation.
- Debrief the process and the plan developed at the OFDM with the caseworker and the child welfare supervisor.

International Travel Procedures for Children in DHS Substitute Care

This document outlines the procedures to follow when children in the custody of DHS require international travel. Refer to child welfare policy I-B.1.4 “Guardian and Legal Custodian Consents”, and OARs 413-020-140 and 413-020-150 for more information on authorizations needed for international travel.

When adult(s) are planning to travel with a child on DHS’s behalf, (including foster parents) to a country outside the USA, the caseworker needs to do the following:

- Complete an “Out of State Travel Authorization” form (DHS 1293) for each adult and have it signed by the SDA Manager or designee;
- Obtain a Court Order from the court having jurisdiction of the child, granting permission for the child to travel. The Court Order must be in both English and the language of the country to which travel will take place.
- For travel TO MEXICO, obtain a “Carta de Presuncion Nacionalidad” from the Mexican Consulate. Contact Luis Elias (Chancellor), Mexican Consulate’s Office, (503) 274-1442 x14. He will describe the steps for obtaining a “Carta de Presuncion Nacionalidad” and passport photos. Mr. Elias will be instrumental in getting the caseworker and the child through Customs and Immigrations smoothly and can answer questions about the travel process.
- Fax a copy of the signed Out-of-State Authorization form, (DHS 1293) as well as the Child’s Consent to Travel form to DHS - CAF, Field Administration, Fax #: (503) 373-7492. If more than one employee will accompany the child(ren), written documentation to support the additional person must be submitted at this time. (Similar criteria as that used by ICPC will be considered - i.e. safety and health risks).

The packet of information is reviewed and forwarded to the CAF Field Administrator for signature authorization. It is then sent to the Director’s Office for final authorization and signature. CAF Field Administration

support staff will contact the local child welfare office directly upon final approval and provide the caseworker with an authorization number. These steps can take up to 5 working days.

Keep a copy of the entire out-of-country packet in the child's case file for audit purposes.

Travel to Mexico.

- If there are any problems, the contact in Mexico is:
 - Maria del Carmen Linares Tecanhuey
 - Office of the Secretary for Foreign Affairs
 - Telephone: (5) 782-4221

- Or call Luis Elias of the Mexican Consulate Office in Portland Oregon, as he can direct you or advise you on what to do or who to contact: (503) 274-1442 x 14.

- Or call the U.S. Embassy in Mexico City

- Or call the Cultural Competency Coordinator in Central Office at (503) 945-5700

Documents Needed for Travel/Placement

Agency Staff: A passport is preferred AND the caseworker's DHS ID. For alternate documentation, consult with DHS's travel agency or the airline the caseworker and child are traveling on.

Examples of alternate documents that are acceptable include:

- Original or certified copy of birth certificate
- Certificate of Citizenship
- Official government document verifying citizenship
- Consul report of birth abroad of a US citizen
- Photo identification.

Child:

- Court Order that establishes jurisdiction;

- Birth certificate of the child; and
- The signed form, DHS 1293, “Out-of-State Travel Authorization”
- La Carta de Presuncion Nacionalidad (for travel to Mexico with a child).

In addition, the Mexican Government recognizes and accepts documents that are Apostilled. Apostille is a certificate with the state seal adhered which verifies the Notary of the document is in good standing with the state and can notarize documents. For this process, contact the Secretary of State’s Office, Corporation Division, Attn.: Notary, 255 Capital St. NE Suite 151, Salem, OR 97310. Phone number (503) 986-2593. Call prior to sending the documents to learn the cost of the process, who to direct them to, and what documents can be Apostilled and the requirements. To have a document Apostilled it must first be notarized.

If a Court Commitment Order is used that has not been Apostilled, have the court order certified with a raised seal and the signature in an ink color other than black. This will increase the chances the document is viewed as being “official”.

(12/05)